This form of immunity against malpractice was largely confined, he explained, to 'regular' or licensed practitioners. The same action performed by an unauthorized medical person would most likely be viewed as manslaughter. To practise without a licence was, in other words, to risk criminal intent. At this time, moreover, the Royal College of Physicians retained the power invested in them by their royal charter to prosecute, fine and imprison offenders 'pro mala praxi' within their seven-mile jurisdiction.[168]

Percival warned his readers that irrespective of the powers of the law or the Royal College, the final arbiter in these matters must always be the moral law or their own conscience.

> But whatever be the indulgence of the law towards medical practitioners, they are bound by a higher authority than that of the most solemn statute, not to exercise the healing art without due knowledge, tenderness, and discretion: And every rash experiment, every mistake originating from gross inattention, or from that ignorance which necessarily results from defective education, is, in the eye of conscience, a crime both against God and man.[169]

Consultations

No aspect of contemporary medical practice led to so much strife as the problem of consultations. Percival hoped that frequent consultations between the various medical men would, like the institution of faculty meetings, promote harmony as well as knowledge, and with the latter, a new sense of energy and confidence. In his *Medical Ethics* he developed with the help of other hospital staff specific guidelines for every conceivable form of consultation: for 'mixed cases' between physicians and surgeons,[170] for 'special' consultations involving a physician or surgeon objectionable to the patient,[171] for the problem of consultation by letter,[172] for how to behave when hastily summoned to the bedside of a rival's patient,[173] and how, when all have gathered together, to determine the rank of each.[174] He was concerned not only to maintain the traditional hierarchy of physician, surgeon, apothecary, but also to preserve what he described as:

> the regular continuance of the order of precedency established in every town, which might otherwise be liable to troublesome interruptions by new settlers, perhaps not long stationary.[175]

Percival's conservative position regarding the tripartite division of medicine was, however, balanced by the meritocratic stance he shared with most Edinburgh-trained physicians. While he placed

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the highest value on what he called 'a regular academical education', like Gregory he also believed that a university degree was only 'presumptive evidence' of professional ability and not indispensably necessary for the attainment of the requisite knowledge, skill and experience. And, because the good of the patient is the sole aim of all medical consultations,

> the aid of an intelligent practitioner ought to be received with candour and politeness, and his advice adopted, if agreeable to sound judgement and truth.[176]

For the sake of their patients, physicians should consult freely with medical men who lacked the proper qualifications. The trustees of the hospitals, on the other hand, had a duty to hire only those physicians and surgeons who could produce a diploma testifying to their liberal education.[177] Percival was also concerned to maintain the closest possible relationship between the physician and the apothecary (or druggist). It was, he explained, on 'the knowledge, skill and fidelity' of the latter that 'the reputation, success, and usefulness' of the physician depends.[178]

Apart from considerations of etiquette among medical men, Percival's account, like Gregory's, emphasized the role of the apothecary as 'the physician of the poor in all cases, and of the rich when distress or danger is not very great'. This and other arguments in favour of the apothecary's high profits were quoted from *The Wealth of Nations,* whose author he described as 'a political and moral writer of great authority'.[179] Percival's concern that the tripartite division should be maintained could to some extent be derived from the Smithian notion of the efficacy of the division of labour. He certainly agreed with Adam Smith that medicine could best be promoted, not by forming corporations modelled on the Royal College of Physicians in London, but by advancing knowledge, a task done more efficiently and effectively by a medical society such as the London Medical Society formed in 1752 by the Quaker physician, John Fothergill.

Although I have suggested that Percival's manual was much more than a practical guide for the regulation and prevention of intra-professional conflicts, it would be wrong to deny that he was not concerned about this problem. As John Pickstone has so ably shown, he had himself been party to a crisis which resulted in the dissolution of the previous infirmary staff.[180] He was also a close observer and friend of all the contestants in one of the more notorious medical quarrels of his time. In 1788 Erasmus Darwin's

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